

# GALESBURG-AUGUSTA HIGH SCHOOL

## Former Student Transcript Request Form

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*(To avoid delays, fill out this form completely and clearly including signature and date at the bottom.)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Maiden Name (if applicable) or name you graduated with \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Phone Number \_\_\_\_\_

### HIGH SCHOOL STATUS: (check one)

Graduated \_\_\_\_\_ Transferred (\*) \_\_\_\_\_ Dropped \_\_\_\_\_

Year of graduation or last year attended (month/year) \_\_\_\_\_

\*If you dropped from Galesburg-Augusta High School and continued your high school career in a different district, that district will have your final and complete transcript as well as your cumulative permanent record. You will need to contact **them** directly.

*I, being of legal control/authority over access to the educational records of the above named; do hereby grant consent to Galesburg-Augusta Community Schools to release my high school transcripts.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Please send an official copy of my transcript to the address listed below**

\_\_\_\_\_ **Please fax a transcript to the fax listed below.**

Address for mailing: \_\_\_\_\_

Fax to (# and attention of): \_\_\_\_\_

**Mail or fax this completed form to: Galesburg-Augusta High School  
Guidance Office  
1076 North 37<sup>th</sup> St.  
Galesburg, MI 49053  
Phone: (269) 484-2010  
Fax: (269) 484-2011**